SHAWNEE MISSION
SCHOOL DISTRICT

Request for Family Medical Leave

Refer to the Board of Education GCC Policy "Family Medical Leave" for specific requirements and procedures for requesting and taking family/medical leave. The Act provides special rules for certain school employees, as specified in this Board of Education Policy. When leave is due to a serious health condition, medical certification of the condition is required.

Print or type your request and forward directly to the Benefits Office.

Name:_____ Today's Date:_____

Employee ID:_____ School Name:_____

Date of Employment:_____ Job Title:_____

Home/Cell Phone:_____ Supervisor:_____

Personal E-mail address:_____

Current Mailing address:_____

I request the following type of leave for:

___ A serious health condition that makes you unable to perform the essential functions of your job

___ The birth of a child or the placement of a child with you for adoption or foster care
Anticipated Date of Birth_____

_____ A serious health condition affecting your _____spouse: _____child:_____ parent for which you are needed to provide care

_____ Because of a qualifying exigency arising out of the fact that your ____spouse:_____child:_____son or daughter; _____parent is on active duty or call to active duty status in support of a contingency operation as a member of the National Guard or Reserves

_____ Because you are the _____spouse:_____son or daughter: _____paren: _____next of kin of a covered servicemember with a serious injury or illness

The start date of my leave is: _____

Requested time period/Return Date: _____
If your return date is to be determined – you must indicate a tentative return/time period

I understand that by completing and signing this form I am initiating a leave request and will advise the Benefits Office directly regarding a need to cancel or reschedule.

You will receive written notification of the disposition of your request from the Benefits Office once all required information and documents are received and verified by Human Resources.

Signature:_____ Date:_____